

County: Milwaukee  
HAVENWOOD NURSING & REHABILITATION LLC  
3333 WEST HIGHLAND BOULEVARD  
MILWAUKEE 53208 Phone: (414) 344-8100

Facility ID: 5440

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Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 270  
Total Licensed Bed Capacity (12/31/01): 315  
Number of Residents on 12/31/01: 251

Ownership: Limited Liability Company  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 241

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years	39.8		
Supp. Home Care-Personal Care	No					More Than 4 Years	39.4		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	23.1		20.7		
Day Services	No	Mental Illness (Org./Psy)	15.9	65 - 74	15.5		-----		
Respite Care	No	Mental Illness (Other)	10.4	75 - 84	23.1		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.4	85 - 94	32.7	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.8	95 & Over	5.6	Full-Time Equivalent			
Congregate Meals	No	Cancer	1.6		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	10.0		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	7.2	65 & Over	76.9	-----			
Transportation	No	Cerebrovascular	9.2		-----	RNs	3.9		
Referral Service	No	Diabetes	3.6	Sex	%	LPNs	9.8		
Other Services	No	Respiratory	4.4		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	36.7	Male	30.3	Aides, & Orderlies			
Mentally Ill	Yes		-----	Female	69.7				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	Yes				100.0				

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#### Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	15	7.9	127	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	6.0
Skilled Care	9	100.0	315	162	85.7	107	3	100.0	107	6	100.0	155	0	0.0	0	44	100.0	155	224	89.2
Intermediate	---	---	---	12	6.3	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	4.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		189	100.0		3	100.0		6	100.0		0	0.0		44	100.0		251	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	6.5	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	12.0	Bathing	7.2	60.2	32.7	251
Other Nursing Homes	5.3	Dressing	15.9	51.4	32.7	251
Acute Care Hospitals	50.7	Transferring	26.3	45.4	28.3	251
Psych. Hosp. -MR/DD Facilities	1.8	Toilet Use	22.7	51.0	26.3	251
Rehabilitation Hospitals	0.0	Eating	43.8	37.1	19.1	251
Other Locations	23.8	*****				
Total Number of Admissions	341	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.2		Receiving Respiratory Care	6.0
Private Home/No Home Health	2.2	Occ/Freq. Incontinent of Bladder	57.4		Receiving Tracheostomy Care	2.0
Private Home/With Home Health	56.0	Occ/Freq. Incontinent of Bowel	48.6		Receiving Suctioning	3.2
Other Nursing Homes	5.2				Receiving Ostomy Care	2.4
Acute Care Hospitals	4.3	Mobility			Receiving Tube Feeding	10.8
Psych. Hosp. -MR/DD Facilities	0.3	Physically Restrained	13.1		Receiving Mechanically Altered Diets	33.9
Rehabilitation Hospitals	0.0					
Other Locations	4.3	Skin Care			Other Resident Characteristics	
Deaths	27.7	With Pressure Sores	8.4		Have Advance Directives	57.0
Total Number of Discharges		With Rashes	0.8		Medications	
(Including Deaths)	325				Receiving Psychoactive Drugs	35.1

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Peer Group Ratio	Bed Size: 200+ Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	76.0	77.1 0.99	80.2 0.95	82.7 0.92	84.6	0.90
Current Residents from In-County	92.0	82.7 1.11	83.3 1.10	85.3 1.08	77.0	1.20
Admissions from In-County, Still Residing	26.7	19.1 1.40	27.4 0.97	21.2 1.26	20.8	1.28
Admissions/Average Daily Census	141.5	173.2 0.82	94.3 1.50	148.4 0.95	128.9	1.10
Discharges/Average Daily Census	134.9	173.8 0.78	98.8 1.36	150.4 0.90	130.0	1.04
Discharges To Private Residence/Average Daily Census	78.4	71.5 1.10	31.6 2.48	58.0 1.35	52.8	1.49
Residents Receiving Skilled Care	95.2	92.8 1.03	89.7 1.06	91.7 1.04	85.3	1.12
Residents Aged 65 and Older	76.9	86.6 0.89	90.1 0.85	91.6 0.84	87.5	0.88
Title 19 (Medicaid) Funded Residents	75.3	71.1 1.06	71.6 1.05	64.4 1.17	68.7	1.10
Private Pay Funded Residents	2.4	13.9 0.17	19.1 0.13	23.8 0.10	22.0	0.11
Developmentally Disabled Residents	0.0	1.3 0.00	0.8 0.00	0.9 0.00	7.6	0.00
Mentally Ill Residents	26.3	32.5 0.81	35.4 0.74	32.2 0.82	33.8	0.78
General Medical Service Residents	36.7	20.2 1.81	20.3 1.81	23.2 1.58	19.4	1.89
Impaired ADL (Mean)	52.4	52.6 1.00	51.8 1.01	51.3 1.02	49.3	1.06
Psychological Problems	35.1	48.8 0.72	47.7 0.74	50.5 0.69	51.9	0.68
Nursing Care Required (Mean)	8.4	7.3 1.15	7.3 1.15	7.2 1.17	7.3	1.15